

Work Order ID 106064

\*106064\*

Page 1

August-28-13 12:39:49 PM

Item ID: D4088-041

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: SHOULDER HARNESS

Start Date: 8/28/13 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 8/28/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 13-08-29

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr								
D4088	A								

100

\*100\*

Purchasing

Memo

0.00

CD 13/08/30 (8)

Purchasing

Issue P/O: 21144

Manufacture D4088-041 as per Dwg D4088

Supplier:AMSAFE INC.

Certificate of conformity is required

110

Receive & Inspect for Damage & Mat'l Certs

0.00

R43/H24 (8)

\*110\*

Packaging

Memo

0.00

Packaging

120

QC6- Inspect dimensions to drawing

0.00

DAS

27

9-89

\*120\*

QC

Quality Control

0.00

13 9 26

8

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
Part No. _____				Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>			
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
	<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
	<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	
	<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
	<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	
	<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		
	<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		
	<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	
	<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset					
	<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration					
	<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence					
	<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions					

Work Order ID 106064

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Page 2

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\*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Identify as per dwg & Stock Location: G-A

0.00

8X

\*130\*

Packaging

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

JFM 13/09/21

\*140\*

QC

Quality Control

Memo

0.00

MB 09/21

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

# Picklist Print

August-28-13 12:39:49 PM

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Work Order ID: 106064

Parent Item: D4088-041

Parent Item Name: SHOULDER HARNESS

Start Date: 8/28/13

Required Date: 8/28/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A NEW ISSUE DD 10.04.29 VERIFIED:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
3221-1-011-2396 Shoulder Harness		Purchased	No			110	Each	0.0000	1	8		8/28/13	8

NCR: Yes / No

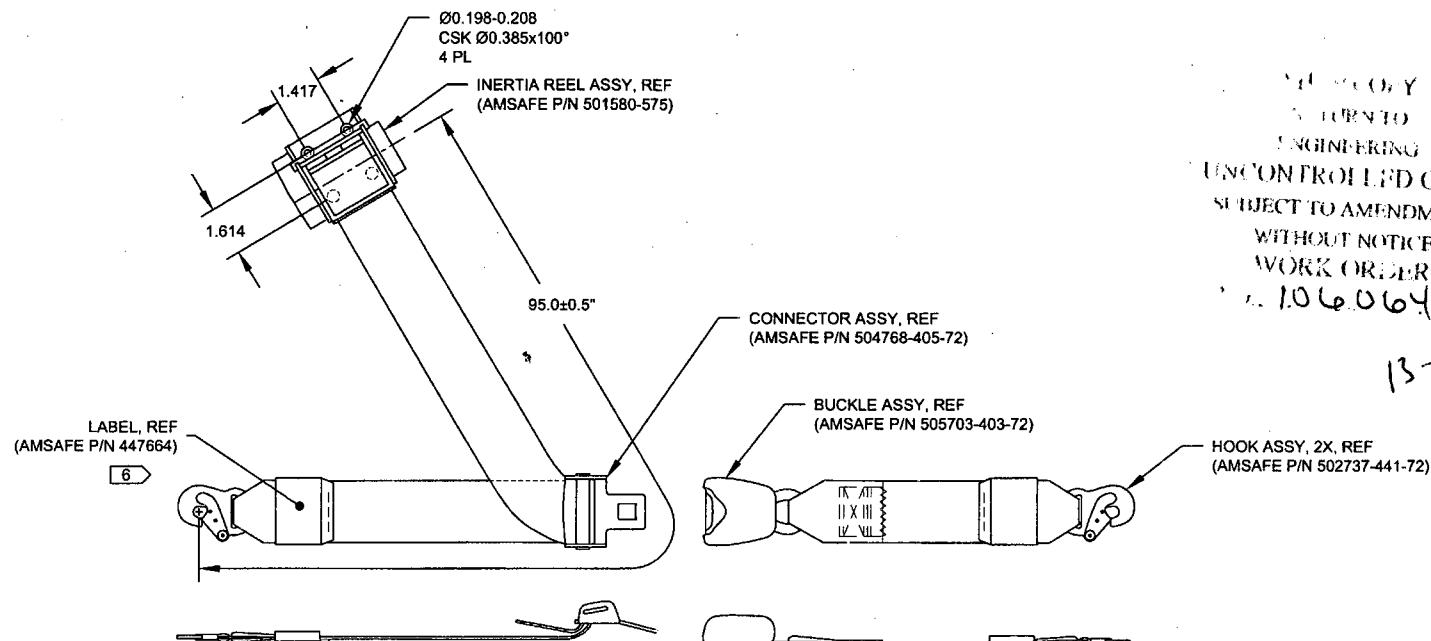
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

SPECIFICATION CONTROL DRAWING



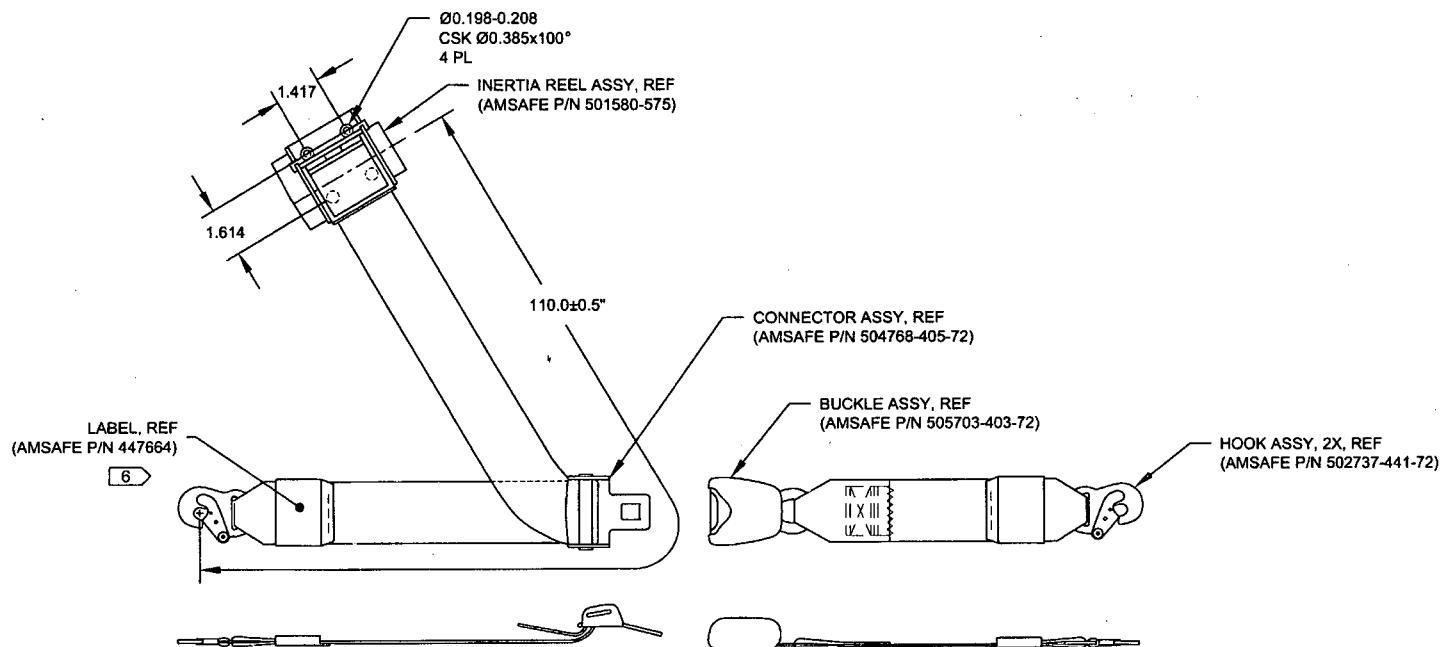
D4088-041 SHOULDER HARNESS

RELEASED  
2010-04-27

NOTES:

- 1) PURCHASE: AMSAFE INC. P/N 3221-1-011-2396  
3-POINT SHOULDER HARNESS WITH PUSH-BUTTON BUCKLE  
MEETS REQUIREMENTS OF TSO-C114  
CHROME HARDWARE PLATING AND BLACK WEBBING
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: LABEL TO CONTAIN THE FOLLOWING AT MINIMUM:  
PART NO. 3221-1-011-2396  
CUST P/N: D4088-041  
RATED: 3000 LBS DATE OF MFG  
CONFORMS TO TSO-C114
- 7) WEIGHT: 1.5 lbs

A	NEW ISSUE	CP	10.03.16
REV.	DESCRIPTION	BY	DATE
DESIGN	99	DART AEROSPACE LTD	
DRAWN	99	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. A
MFG. APPR.		D4088	SHEET 1 OF 2
APPROVED		TITLE	SCALE
DE APPR		SHOULDER HARNESS	NTS
DATE	10.03.16	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. IT IS APPROVED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

SPECIFICATION CONTROL DRAWINGD4088-043 SHOULDER HARNESS

RELEASED  
2010-04-27

**NOTES:**

- 1) PURCHASE: AMSAFE INC. P/N 3221-1-021-2396  
3-POINT SHOULDER HARNESS WITH PUSH-BUTTON BUCKLE  
MEETS REQUIREMENTS OF TSO-C114  
CHROME HARDWARE PLATING AND BLACK WEBBING
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: LABEL TO CONTAIN THE FOLLOWING AT MINIMUM:  
PART NO. 3221-1-021-2396  
CUST. P/N: D4088-043  
RATED: 3000 LBS DATE OF MFG  
CONFORMS TO TSO-C114
- 7) WEIGHT: 1.5 lbs

DESIGN	91	DART AEROSPACE LTD	
DRAWN	91	HAWKESBURY, ONTARIO, CANADA	
CHECKED		REV. A	
MFG. APPR.		DRAWING NO.	SHEET 2 OF 2
APPROVED		D4088	
DE APPR.		TITLE	SCALE
		SHOULDER HARNESS	NTS
DATE	10.03.16	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND PROPRIETARY AND IS PROVIDED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO21144**

Purchase Order Date 8/30/2013

PO Print Date 8/30/2013

Page Number 1 of 1

Order From : VU-AMS001

AMSAFE INC.  
1043 NORTH 47TH AVENUE  
PHOENIX, AZ 85043  
US

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
*(Contract)*

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Customer POID	
	Customer Tax #	10127-2607
Ship To Contact	Terms	Net 30
Ship To Phone	Currency	USD
Ship Via:	FOB	FCA - (Free Carrier)
Ship Acct:		

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Promise Date	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	3221-1-011-2396	Shoulder Harness	9/24/2013	CD	Yes	8.00 Each	\$296.96	\$2,375.68
		AS PER DWG D4088 REV. A B106064 AMSAFE P/N: 3221-1-011-2396	9/24/2013					
							Line Total:	\$2,375.68
2	3221-1-021-2396	Shoulder Harness	9/24/2013	CD	Yes	10.00 Each	\$296.96	\$2,969.60
		AS PER DWG D4088 REV. A B106098 AMSAFE P/N: 3221-1-021-2396	9/24/2013					
							Line Total:	\$2,969.60
							PO Total:	\$5,345.28

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.

No substitution or deviation without consent.

Certificate of Conformity or Material Certification required - YES  NO  
PST# 6122-5207

Change Nbr:

1

Change Date: 8/30/2013

# AmSafe

1043 NORTH 47th AVENUE  
PHOENIX, AZ 85043  
PH (602)850-2850 FAX (602)850-2812

## SHIPPER/CERTIFICATION



CUSTOMER NO.	SALES ORDER NO.	BOL NO.	DATE PRINTED	PAGE NO.
10006113	S262385	000312472	09/20/13	1

DART AEROSPACE  
1270 ABERDEEN STREET  
HAWKESBURY  
HAWKESBURY, ON K6A 1K7  
Canada

DART AEROSPACE LTD.  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
Canada

CUSTOMER ORDER NO.	TERMS	FREIGHT	SHIP VIA	F.O.B.
PO21144	NET30	COLLECT	FedEx P1 10:30 AM	ORIGIN

Sales Order Remarks: 1517-9324-0

Remarks:

Ship to ID: 10006125

SHIPMENT REFERENCE 000312472

LINE	ITEM NUMBER / DESCRIPTION	DRAWING AND CERTIFICATIONS			DUE DATE	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED
1	Cust. Item No.: D4088-041 3221-1-011-2396 REST SYS ASSY W/IR	DRAWING: 3221 REV: A	CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S262385-1	2013-09-20		8 Expire Ref.	8	0
2	Cust. Item No.: D4088-043 3221-1-021-2396 REST SYS ASSY W/IR	DRAWING: 3221 REV: A	CERT: TSO-C114 Lot/Serial Numbers Shipped Quantity S262385-2	2013-09-20		10 Expire Ref.	10	0

I certify that the article(s) listed above conform to all applicable design data, and (as applicable):

**FAA PMA, FMVSS 209, FMVSS 302, 14 CFR 25.853**

**FAA TSO C22f, C22g, C114 or TSO Plus**

The conditions and tests required for TSO approval of the article(s) are minimum performance standards. It is the responsibility of those installing the article(s) either on or within a specific type or class of aircraft to determine that the aircraft installation conditions are within the standards applicable to the TSO article including (when applicable) the integrated non-TSO function. The non-TSO function is described as the seat belt airbag system including the inflator cable assembly and electrical components that have not been evaluated for functionality or installation requirements. TSO articles including the integrated non-TSO function must have separate approval for installation in an aircraft. The article(s) may be installed only if performed under 14 CFR part 43 or the applicable airworthiness requirements. Product shipped meets all material, processing and test requirements. Specifications/Test reports as applicable are retained on file at AmSafe Aviation.

AmSafe Authorized Signature: X \_\_\_\_\_ *Lorena Ramirez*

Printed Name: \_\_\_\_\_

Dated: *Sept 6, 2013*

**COUNTRY OF ORIGIN USA**

CCP

1. Approving National Aviation Authority/Country:  FAA/United States	2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG					3. Form Tracking Number:  S262385-1NA
4. Organization Name and Address:  AmSafe Aviation 1043 North 47th Avenue Phoenix, Arizona 85043		Cert. No. PT1967NM			5. Work order/Contract/Invoice Number: S262385 - 1 0 PAGES ATTACHED	
6. Item:  1	7. Description:  REST SYS ASSY W/IR	8. Part Number:  3221-1-011-2396	9. Eligibility: *  N/A	10. Quantity:  8	11. Serial/Batch Number:  A0913	12. Status/Work:  NEW
13. Remarks: Drawing: 3221 Rev: A TSO: TSO-C114						
EXPORT AIRWORTHINESS APPROVAL: THIS ARTICLE MEETS THE SPECIAL REQUIREMENTS OF CANADA						
14. Certifies the items identified above were manufactured in conformity to:  <input checked="" type="checkbox"/> Approved design data and are in a condition for safe operation  <input type="checkbox"/> Non-approved design data specified in Block 13.			19. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 13  Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
15. Authorized Signature:  	16. Approval/Authorization No.:  ODA602112NM	20. Authorized Signature	21. Authorized/Certificate No.			
17. Name (typed or printed)  NELLIE ALVARADO	18. Date (m/d/y):  SEP/20/2013	22. Names (typed or printed)	23. Date (m/d/y):			
<b>User/Installer Responsibilities</b>						
<p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly. Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p>						